



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
BOARD OF SOCIAL WORK EXAMINERS

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV
EMAIL: customerservice.dpr@delaware.gov

APPLICATION FOR MASTERS OR BACHELORS SOCIAL WORKER LICENSE BY GRANDFATHER PROVISION
INSTRUCTION SHEET

When to Apply by Grandfather Provision

If you currently provide services as a Bachelor's or Master's social worker, the grandfather provision allows you to become licensed without meeting certain requirements that you would otherwise be required to meet, such as passing the ASWB examination ([24 Del. C. §3907](#)).

To take advantage of the grandfather provision, you must submit an application on or before June 11, 2021 and meet the following requirements in the license type for which you are applying:

- For a Masters Social Worker, you must have:
 - *at least **ten** years* of masters level social work experience within the past *twelve* years immediately preceding application, **or**
 - *at least **two** years* of masters level social work experience within the past *four* years immediately preceding application **and** at least a master's degree in *one* of the following:
 - social work from a program accredited by the Council on Social Work Education, **or**
 - human services, social and behavioral sciences, psychology, sociology or other related degree from an accredited college or university as accepted by the Board.
- For a Bachelors Social Worker, you must have:
 - *at least **three** years* of bachelors level social work experience within the past *five* years immediately preceding application, **or**
 - *at least **one** year* of bachelors level social work experience within the past *two* years immediately preceding application **and** at least a bachelor's degree in *one* of the following:
 - social work from a program accredited by the Council on Social Work Education, **or**
 - human services, social and behavioral sciences, psychology, sociology or other related degree from an accredited college or university as accepted by the Board.

If you fail to submit your application by June 11, 2021, you will not be eligible for the grandfather provision and must submit the [Application for Licensure as Bachelors or Masters Social Worker](#).

Requirements for All Applicants

- ☐ Submit completed, signed and notarized [Application for a Masters or Bachelors Social Worker License by Experience](#).
- ☐ Enclose the non-refundable [processing fee](#) by check or money order payable to the "State of Delaware."
- ☐ Complete the *Criminal History Record Check Authorization* form to request State of Delaware and Federal Bureau of Investigation criminal background checks. Follow the instructions on the authorization form to submit fingerprints for the criminal background check.
 - You must meet this requirement *even if* you recently had a criminal background check done for some other reason.
- ☐ If you have ever held a social work license in another jurisdiction (state, U.S. territory or D.C.), have *each* jurisdiction where you have held a license send verification of licensure *directly* to the Board office. You may use the *Verification of work* (Bachelor's or Master's) form accompanying the application to request the verification.

- ☐ If you have never been issued a U.S. Social Security Number (SSN), submit a [Request for Exemption from Social Security Number Requirement](#).

The Privacy Act of 1974, Section 7, requires the following information to be given to all applicants: Applicants for any Delaware professional or occupational license, permit, registration or certificate (other than Gaming permits) are required to provide a U.S. SSN (29 Del. C. §8735(m)). The Division of Professional Regulation uses the SSN primarily to verify identity and safeguard personal information. It may also be used to enforce child support obligation (13 Del. C. §2216) and for other lawful purposes.

Additional Experience Requirements for Masters Social Worker Applicants

In addition to the requirements in the **Requirements for All Applicants** section above, the following are required for experience Masters Social Worker applicants:

- ☐ If you wish to qualify based on ten years' experience, submit verification that you have master's social work experience for *at least ten years* in the past *twelve years* as follows:
- ☐ For periods when you were employed, submit a *Verification of Master's Work Experience* form(s), included with this application, completed and signed by your employer(s).
- ☐ If you wish to qualify based on two years' experience, submit verification of your master's education and that you have master's social work experience for *at least two years* in the past *four years* as follows:
- ☐ For periods when you were employed, submit a *Verification of Master's Work Experience* form(s), included with this application, completed and signed by your employer(s).
 - ☐ If you were educated in the U.S., arrange for your college or university to send an official transcript *directly* to the Board office showing your completed master's degree in *one* of the following:
 - social work from a program accredited by the Council on Social Work Education (www.cswe.org/Accreditation), **or**
 - human services, social and behavioral sciences, psychology, sociology or other related degree from an accredited program as accepted by the Board.
 - ☐ If you received your master's social work education outside the U.S., request an official transcript of the credential evaluation sent *directly* from the International Social Work Degree Recognition and Evaluation Service (ISWDRES) to the Board office.
 - To request a credential evaluation, see the application instructions for the International Degree Review at www.cswe.org/International-Degree-Review.

Additional Experience Requirements for Bachelors Social Worker Applicants

In addition to the requirements in the **Requirements for All Applicants** section above, the following are required for experience Bachelors Social Worker applicants:

- ☐ If you wish to qualify based on three years' experience, submit verification that you have bachelor's social work experience for *at least three years* in the past *five years* as follows:
- ☐ For periods when you were employed, submit a *Verification of Bachelor's Work Experience* form(s), included with this application, completed and signed by your employer(s).
- ☐ If you wish to qualify based on one year experience, submit verification of your bachelor's education and that you have bachelor's social work experience for *at least one year* in the past *two years* as follows:
- ☐ For periods when you were employed, submit a *Verification of Bachelor's Work Experience* form(s), included with this application, completed and signed by your employer(s).
 - ☐ If you were educated in the U.S., arrange for your college or university to send an official transcript *directly* to the Board office showing your completed bachelor's degree in *one* of the following:
 - social work from a program accredited by the Council on Social Work Education (www.cswe.org/Accreditation), **or**
 - human services, social and behavioral sciences, psychology, sociology or other related degree from an accredited program as accepted by the Board.
 - ☐ If you received your bachelor's social work education outside the U.S., request an official transcript of the credential evaluation sent *directly* from the International Social Work Degree Recognition and Evaluation Service (ISWDRES) to the Board office.
 - To request a credential evaluation, see the application instructions for the International Degree Review at www.cswe.org/International-Degree-Review.



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APPLICATION FOR MASTERS OR BACHELORS SOCIAL WORKER LICENSE BY GRANDFATHER PROVISION

TYPE OF APPLICATION

1. Select the type of license **and** experience requirement you are applying for:

- ☐ Masters Social Worker – I wish to qualify based on (check **one** experience requirement):
- ☐ Experience Only: I have *at least ten years* master's social work experience in the past *twelve years*.
 - ☐ Experience **and** Education: I have *at least two years* master's social work experience in the past *four years* **and** a master's degree.
- ☐ Bachelors Social Worker – I wish to qualify based on (check **one** experience requirement):
- ☐ Experience Only: I have *at least three years* bachelor's social work experience in the past *five years*.
 - ☐ Experience **and** Education: I have *at least one year* bachelor's social work experience in the past *two years* **and** a bachelor's degree.

IDENTIFYING AND CONTACT INFORMATION – All applicants complete this section.

2. Name (no titles, credentials, etc.): _____
Last/Family First Middle
3. Other Name(s) Used: _____ None ☐
4. Date of Birth (month/day/year): _____ Gender: Male ☐ Female ☐
5. Have you been issued a U.S. Social Security Number? Yes ☐ No ☐ If yes, enter your SSN: _____
If no, you must file a [Request for Exemption from Social Security Number Requirement](#).
6. Mailing Address: _____
Street
City State Zip
7. Phone: _____ Email: _____ None ☐
Home Work

LICENSURE HISTORY – All applicants complete this section.

8. Have you ever held a social worker license in any jurisdiction (state, U.S. territory or District of Columbia)?

Yes ☐ No ☐ If yes, enter the following about **each** license you have ever held. If no, **SKIP** to the **EXPERIENCE** section.

JURISDICTION	LICENSE NUMBER	ISSUE DATE	STATUS (e.g., active)

Arrange for the Board office to receive verification of licensure **directly** from **each** jurisdiction where you have ever been licensed.

EXPERIENCE HISTORY – All applicants complete this section.

9. Enter the following information about the years of work experience based on your selected experience requirement in the **TYPE OF APPLICATION** section above. **If you need more space, enclose a separate sheet.**

EMPLOYER NAME	ADDRESS	EMPLOYMENT DATES	
		From	To

- If applying for Masters Social Worker, submit the *Verification of Master's Work Experience* form(s) from each employer listed above.
- If applying for Bachelors Social Worker, submit the *Verification of Bachelor's Work Experience* form(s) from each employer listed above.

EDUCATION – Only applicants by Experience **and** Education complete this section.

10. Enter the following information about each college/university where you earned a degree in social work, human services, social and behavioral sciences, psychology, sociology or other related degree:

COLLEGE/UNIVERSITY	CITY, STATE/PROVINCE & COUNTRY	DEGREE RECEIVED	MAJOR
		<input type="checkbox"/> Bachelors <input type="checkbox"/> Masters	
		<input type="checkbox"/> Bachelors <input type="checkbox"/> Masters	

- If you were educated in the U.S., arrange for the Board office to receive an official transcript sent *directly* from the college or university to the Board office.
- If you received your social work education outside the U.S., arrange for the Board office to receive a credential evaluation sent *directly* from the International Social Work Degree Recognition and Evaluation Service (ISWDRES) to the Board office.

DISCLOSURES – All applicants complete this section.

11. Has your license ever been revoked or suspended or has any other disciplinary action been taken by the authorities of another jurisdiction (including any state, D.C., U.S. territory or other country)? Yes ☐ No ☐ **If yes, submit a detailed explanation and any relevant documents.**
12. Have you ever been denied licensure in any other jurisdiction? Yes ☐ No ☐ **If yes, submit a detailed explanation and any relevant documents.**
13. Is a complaint or disciplinary action pending against your license in any other jurisdiction? Yes ☐ No ☐ **If yes, submit a detailed explanation and any relevant documents.**
14. Are you presently in violation of any [Rule and Regulation](#) of the Delaware Board of Social Work Examiners? Yes ☐ No ☐ **If yes, submit a detailed explanation and all relevant documents.**
15. Are you in violation of any grounds for disciplinary actions listed in [24 Del. C., §3915](#)? Yes ☐ No ☐ **If yes, submit a detailed explanation and any relevant documents.**
16. Are you now, or have you ever been, dependent on the use of alcohol, stimulants, or habit-forming drugs? Yes ☐ No ☐ **If yes, submit a detailed explanation and any relevant documents.**
17. Have you ever been found mentally incompetent by a physician? Yes ☐ No ☐ **If yes, submit a detailed explanation and any relevant documents.**

Complete the ***Criminal History Record Check Authorization*** form to request State of Delaware and Federal Bureau of Investigation criminal background checks. Follow the instructions on the authorization form to arrange to be fingerprinted.

DUTY TO REPORT – All applicants complete this section.

18. To obtain a license in Delaware, you must certify that you understand that you have a **mandatory** duty to report, in writing, within 30 days of becoming aware of information that you reasonably believe indicates that **any healthcare provider** including (but not limited to) any practitioner certified and registered to practice medicine in Delaware or licensed by the Board of Clinical Social Work Examiners

- has engaged, or is engaging, in conduct that would constitute grounds of discipline under their licensing laws, or
- may be unable to practice with reasonable skill and safety to the public by reason of mental illness or mental incompetence, physical illness (including deterioration through the aging process or loss of motor skill), or excessive abuse of drugs (including alcohol).

I certify that I have read and understand [24 Del. C. §3919](#), [24 Del. C. §1730](#), [24 Del. C. §1731](#) and [24 Del. C. §1731A](#) and that I understand my *duty to report* to the Division of Professional Regulation. Yes ☐ No ☐

19. To obtain a license in Delaware, you must certify that you understand that you have a **mandatory** obligation to make an immediate oral report to the Department of Services for Children, Youth and Their Families if you know of, or you suspect, child abuse or neglect under Chapter 9 of Title 16 and to follow up with any requested written reports.

I certify that I have read and understand [16 Del. C. §903](#) and that I understand my *duty to report*. Yes ☐ No ☐

20. You have a **mandatory** duty to report your knowledge of a colleague's impairment, incompetence or unethical conduct to the Board of Clinical Social Work Examiners when the colleague has not addressed the problem or when a client's welfare appears to be in danger.

I certify that I have read and understand Section 9.3.5 of the [Rules and Regulations](#) and understand my *duty to report*. Yes ☐ No ☐

To ensure consideration of your license application at the next Board meeting, the Board office must receive all of these items no later than 4:30 PM ten full working days before the Board's meeting date:

- Completed, signed and notarized application form
- Fee payment
- All required supporting documentation.

Applications that are not complete within 12 months of filing may be considered abandoned and discarded.

AFFIDAVIT

I certify that the information provided in this application is accurate and complete to the best of my knowledge and belief. I understand that the Delaware Board of Clinical Social Work Examiners has the right to deny or revoke licensure, if my application contains fraudulent information.

Signature of Applicant: _____ **Date:** _____

City of _____ County of _____

Before me personally appeared, _____, applicant, of lawful age, to me known to be the identical person who signed this document of application and being by me first duly sworn, on oath state that all the foregoing statements are true and correct to the best of his or her knowledge and belief.

Sworn to before me and subscribed in my presence this _____ day of _____, 2____.

Signature of Notary: _____

SEAL

My commission expires: _____

APPLICATIONS THAT ARE UNSIGNED, NOT NOTARIZED, INCOMPLETE OR NOT ACCOMPANIED BY THE REQUIRED FEE WILL BE REJECTED.



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VERIFICATION OF MASTER'S SOCIAL WORK EXPERIENCE

INSTRUCTIONS

This form is to be completed by the supervisor of the person applying for a Delaware Social Worker license. The form's purpose is to document that the applicant has obtained the required years of social work practice experience (24 Del. C. § 3907B). During the employment period, the applicant must meet **one** of the following experience requirements for a masters social work license of *at least*:

- *ten years* of master's level experience in the past *twelve years*, **or**
- *two years* of master's level experience in the past *four years* **and** a master's degree.

1. Applicant Name: _____

2. Employer/Supervisor Name: _____

3. Enter the information about the agency:

Agency Name	
Address	
Phone	

4. Dates of Employment: From: _____ To: _____
Month/Year Month/Year

5. Complete following to verify the Masters social work experience the applicant performed while under your supervision:

MASTERS SOCIAL WORK: Applicant practicing within the scope of a masters social worker, consisting of the application of generalist practices, specialized knowledge, advanced practice skills and supervision.	Answer each item:
Macro social work practice	Yes <input type="checkbox"/> No <input type="checkbox"/>
Community organizing	Yes <input type="checkbox"/> No <input type="checkbox"/>
Coordination and/or evaluation of service delivery	Yes <input type="checkbox"/> No <input type="checkbox"/>
Organizational analysis	Yes <input type="checkbox"/> No <input type="checkbox"/>
Research – design and analysis	Yes <input type="checkbox"/> No <input type="checkbox"/>
Supervision of macro social workers	Yes <input type="checkbox"/> No <input type="checkbox"/>
Teaching or education of client	Yes <input type="checkbox"/> No <input type="checkbox"/>
Administration of community services/programs	Yes <input type="checkbox"/> No <input type="checkbox"/>
Clinical and non-clinical consultation	Yes <input type="checkbox"/> No <input type="checkbox"/>
Identification of presenting problem	Yes <input type="checkbox"/> No <input type="checkbox"/>
Program planning, development and evaluation	Yes <input type="checkbox"/> No <input type="checkbox"/>
Providing training about community needs and problems	Yes <input type="checkbox"/> No <input type="checkbox"/>
Consultation regarding agency practice and policy development	Yes <input type="checkbox"/> No <input type="checkbox"/>
Social, psychosocial or biopsychosocial assessment	Yes <input type="checkbox"/> No <input type="checkbox"/>
Assessment of client needs for macro community programs/services	Yes <input type="checkbox"/> No <input type="checkbox"/>
Provide assistance regarding community services	Yes <input type="checkbox"/> No <input type="checkbox"/>
Case management (for individual, family, couple, group)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Impart general information and referral for assistance	Yes <input type="checkbox"/> No <input type="checkbox"/>
Administration and interpretation of assessment checklists	Yes <input type="checkbox"/> No <input type="checkbox"/>

Development of social welfare policy	Yes <input type="checkbox"/> No <input type="checkbox"/>
CONTINUED MASTERS SOCIAL WORK: Applicant practicing within the scope of a masters social worker, consisting of the application of generalist practices, specialized knowledge, advanced practice skills and supervision.	Answer each item:
Directing social work agencies including clinical practice	Yes <input type="checkbox"/> No <input type="checkbox"/>
Identification of presenting problem	Yes <input type="checkbox"/> No <input type="checkbox"/>
Intervention methods using specialized and formal interactions	Yes <input type="checkbox"/> No <input type="checkbox"/>
Interviewing clients regarding client's situation	Yes <input type="checkbox"/> No <input type="checkbox"/>
Monitor client's compliance with program's expectations	Yes <input type="checkbox"/> No <input type="checkbox"/>
General assessment for mental health services	Yes <input type="checkbox"/> No <input type="checkbox"/>
Supervision of macro social workers	Yes <input type="checkbox"/> No <input type="checkbox"/>
Treatment planning and evaluation with supervision	Yes <input type="checkbox"/> No <input type="checkbox"/>
Interventions with individuals, couples, families or groups to enhance or restore the capacity for social functioning	Yes <input type="checkbox"/> No <input type="checkbox"/>
Counseling to assist individuals in problem solving and decision making (personal, health, social, educational, vocational, financial and other interpersonal concerns	Yes <input type="checkbox"/> No <input type="checkbox"/>

☐ I, the below named Employer/Supervisor, attest that this applicant satisfactorily demonstrated the above listed masters level social work skills.

Signature of Employer/Supervisor: _____ **Date:** _____



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VERIFICATION OF BACHELOR'S SOCIAL WORK EXPERIENCE

INSTRUCTIONS

This form is to be completed by the supervisor of the person applying for a Delaware Social Worker license. The form's purpose is to document that the applicant has obtained the required years of social work practice experience (24 Del. C. § 3907B). During the employment period, the applicant must meet **one** of the following experience requirements for a bachelors social work license of *at least*:

- *three years* of bachelor's level experience in the past *five years*, **or**
- *one year* of bachelor's level experience in the past *two years* **and** a bachelor's degree.

1. Applicant Name: _____

2. Employer/Supervisor Name: _____

3. Enter the information about the agency:

Agency Name	
Address	
Phone	

4. Dates of Employment: From: _____ To: _____
Month/Year Month/Year

5. Complete following to verify the bachelors social work experience the applicant performed while under your supervision:

BACHELORS SOCIAL WORK: Applicant practiced within the scope of a bachelors social worker consisting of the entry level of social work and the application of generalist practices.	Answer each item:
Psychosocial assessment	Yes <input type="checkbox"/> No <input type="checkbox"/>
Research – data collection	Yes <input type="checkbox"/> No <input type="checkbox"/>
Teaching or education of client	Yes <input type="checkbox"/> No <input type="checkbox"/>
Community organizing	Yes <input type="checkbox"/> No <input type="checkbox"/>
Clinical and non-clinical consultation	Yes <input type="checkbox"/> No <input type="checkbox"/>
Advocacy for group/communities	Yes <input type="checkbox"/> No <input type="checkbox"/>
Program Intervention planning and evaluation	Yes <input type="checkbox"/> No <input type="checkbox"/>
Identification of presenting problem	Yes <input type="checkbox"/> No <input type="checkbox"/>
Interviewing clients regarding client's situation	Yes <input type="checkbox"/> No <input type="checkbox"/>
Provide assistance regarding community resources	Yes <input type="checkbox"/> No <input type="checkbox"/>
Case management (for individual, family, couple, group)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Impart general information and referral for assistance	Yes <input type="checkbox"/> No <input type="checkbox"/>
Program planning and development and development	Yes <input type="checkbox"/> No <input type="checkbox"/>
Interventions with individuals, couples, families or groups to enhance or restore the capacity for social functioning	Yes <input type="checkbox"/> No <input type="checkbox"/>
Monitor client's compliance with program's expectations	Yes <input type="checkbox"/> No <input type="checkbox"/>
Counseling to assist individuals in problem solving and decision making (personal, health, social, educational, vocational, financial and other interpersonal concerns	Yes <input type="checkbox"/> No <input type="checkbox"/>

☐ I, the below named Employer/Supervisor, attest that this applicant satisfactorily demonstrated the above listed bachelors level social work skills.

Employer/Signature of Employer: _____ **Date:** _____

Instructions for Requesting a Criminal Background Check

Both State of Delaware and Federal Bureau of Investigation criminal background checks are required.

Applicant Notification

Your fingerprints will be used to check the criminal history records of the Federal Bureau of Investigation (FBI). You have the opportunity to challenge the accuracy of the information contained in the FBI identification record. See [Title 28, CFR 16.34](#) for the procedure to obtain a change, correction or update in the FBI record.

Locations

Kent County – Primary Facility

State Bureau of Identification
Blue Hen Mall & Corporate Center
655 S. Bay Rd. Suite 1B
Dover, DE 19901

Walk-ins accepted: Mon 8:30 am – 6:30 pm, Tue - Fri 8:30 am – 3:30 pm
Customer Service: (302) 739-2134

New Castle County - Satellite Facility

State Police Troop Two
100 LaGrange Ave
Newark, DE 19702
(between Rts. 72 and 896 on Rt. 40)

By appointment only

Scheduling: (302) 739-2528 (local)
(800) 464-4357 (toll free)

Sussex County – Satellite Facility

Thurman Adams State Service Center
546 S. Bedford Street, Rm. 202
Georgetown DE 19947
(across from DelDOT & Troop 4)

By appointment only

Scheduling: (302) 739-2528 (local)
(800) 464-4357 (toll free)

Applicants in Delaware

1. If you are using the New Castle County or Sussex County locations, call **(800) 464-HELP (4357)** to schedule an appointment. No appointments are needed at the Kent County location.
2. Take the completed *Authorization for Release of Information* form to one of the offices listed above with the fee of \$65.00, to cover both the State of Delaware and Federal Bureau of Investigation criminal checks. Money orders and credit cards other than American Express are accepted at all locations. New Castle and Kent Counties accept cash; Sussex County does not accept cash. **Personal checks are not accepted in any county.** As fees are subject to change, contact the agency where you plan to submit your forms for current fees.

Applicants Not in Delaware (including Out-of-State or Outside the United States)

1. Your local police agency can fingerprint you. All types of fingerprint cards are accepted. Or, you may print a [FD-258 fingerprint form](#) available on the FBI website at www.fbi.gov – click *Services*, then *Identity History Summary Checks*, then scroll down to Option 1, Step 2, and click the link for *standard fingerprint form (FD-258)*. You may print the form on regular paper.
2. Your *Authorization for Release of Information* form and the fingerprint card must be complete. If identifying information is missing (such as name, date of birth, race, gender, etc.), your form will be returned.
3. **Mail** the *Authorization* form, fingerprint card, and *certified* check or money order (**personal checks are not accepted**) for \$65.00 made payable to “Delaware State Police” to:

Delaware State Police
State Bureau of Identification (SBI)
PO Box 430
Dover, DE 19903-0430

DO NOT SEND THIS FORM OR FEE TO YOUR PROFESSION'S BOARD OFFICE.
DO NOT SEND THIS FORM OR FEE TO THE DIVISION OF PROFESSIONAL REGULATION.
⇒ ALLOW FOUR WEEKS FOR RECEIPT OF RESULTS.



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AUTHORIZATION FOR RELEASE OF INFORMATION
CRIMINAL HISTORY RECORD CHECK FOR PROFESSIONAL LICENSURE APPLICANTS

Please print or type all information in black ink.

Check the type of license for which you are applying:

- | | | |
|--|--|--|
| <input type="checkbox"/> Adult Entertainment | <input type="checkbox"/> Mental Health (LPCMH, LCDP, LMFT, LACMH, LAMFT, LPAT, LAAT) | <input type="checkbox"/> Physical Therapy/Athletic Trainer |
| <input type="checkbox"/> Charitable Gaming Vendor | <input type="checkbox"/> Nursing (RN, LPN, APRN) | <input type="checkbox"/> Podiatry |
| <input type="checkbox"/> Chiropractic | <input type="checkbox"/> Nursing Home Administrator | <input type="checkbox"/> Psychology |
| <input type="checkbox"/> Dental | <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Real Estate Appraiser (includes Appraisal Management Company) |
| <input type="checkbox"/> Funeral | <input type="checkbox"/> Optometry | <input type="checkbox"/> Speech/Hearing |
| <input type="checkbox"/> Massage | <input type="checkbox"/> Pharmacy (includes key personnel of facilities licensed by Board of Pharmacy) | <input type="checkbox"/> Social Work |
| <input type="checkbox"/> Medical (Physicians (MD, DO and Administrative Medical), Physician Assistants, Respiratory Care Practitioners, Eastern Medicine Practitioners, Acupuncture Practitioners, Genetic Counselors, Polysomnographers, Midwifery Practitioners (CM, CPM)) | | <input type="checkbox"/> Texas Hold'em Individual |

Print your current full name:

_____	_____	_____	_____
Last Name	First Name	Middle Initial	Suffix (e.g., Jr., Sr.)

Enter all other names you have used in the past (including, but not limited to, maiden name, former married names, alternative spellings):

1. _____
2. _____
3. _____
4. _____

As an applicant, I authorize release of any and all information that you have concerning my **CRIMINAL HISTORY RECORD INFORMATION**. I hereby release you, your organization, the State of Delaware and others from any liability or damage which may result from furnishing this information:

SIGNATURE OF PERSON PRINTED: _____ **Date:** _____

Phone: Home _____ Work _____

Mail the results of my criminal history request to:

Division of Professional Regulation
861 Silver Lake Boulevard, Suite 203
Dover DE 19904
SLC D420A

USE OF CRIMINAL HISTORY RECORD INFORMATION IS RESTRICTED BY LAW AND SHALL BE LIMITED TO THE PURPOSE FOR WHICH IT WAS GIVEN. MISUSE CONSTITUTES A CRIMINAL VIOLATION.

NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for a job or license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification¹ that your fingerprints will be used to check the criminal history records of the FBI.
- If you have a criminal history record, the officials making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or updating of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the job, license, or other benefit based on information in the criminal history record.²

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.³

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <http://www.fbi.gov/about-us/cjis/background-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)

¹ Written notification includes electronic notification, but excludes oral notification.

² See 28 CFR 50.12(b).

³ See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).



DELAWARE CHILD PROTECTION REGISTRY REQUEST FORM



Fax or Mail Request to:

OCCL, Criminal History Unit
Concord Plaza, Hagley Building
3411 Silverside Road
Wilmington, DE 19810
Phone: 302-892-5800 Fax: 302-633-5191

When requesting Child Protection Registry checks:

- **Allow 15 working days for results to be processed.**
- **Do not use a cover sheet.**
- **Do not send duplicate requests.**
- **Form must be submitted to DSCYF within 90 days of signature date in order to be processed.**

PART I. APPLICANT INFORMATION – Type or print clearly.

Name: _____
Last First Middle

Other Name(s) Used: _____ DE Driver's License #: _____

Social Security #: _____ - _____ - _____ Date of Birth: ____ / ____ / ____ Sex: Male ☐ Female: ☐ Race: _____
mm / dd / yyyy

Address: _____
Street City State Zip

Have you ever been involved in a substantiated case of child abuse or neglect? Yes ☐ No ☐ If Yes, explain:

I hereby authorize The Delaware Department of Services for Children, Youth and Their Families to provide the below named agency/organization with all substantiated cases of child abuse or neglect concerning me contained in the Child Protection Registry. I further release the Delaware Department of Services for Children, Youth and Their Families, its officers and employees from any and all claims arising out of or in any way connected to the release or dissemination of any information concerning me.

Signature: _____ Date: _____

Parent or Guardian Signature if applicant is under the age of 18: _____

PART II. AGENCY/ORGANIZATION INFORMATION

Please check only one:

☐ EDUCATION ☐ HEALTH CARE FACILITY ☐ CHILD CARE ☒ OTHER: State Agency

Agency Identification Number (if applicable): 1179 Contact ID: 21988

Requesting Agency Name: **Division of Professional Regulation**

Address: Cannon Building, 861 Silver Lake Boulevard, Suite 203, Dover, DE 19904

Phone: (302) 744-4500 Fax: (302) 739-2711 Contact Person: Alison Warren

DSCYF USE ONLY

The individual listed above (____ is listed) (____ is NOT listed) on the Delaware Child Protection Registry.

Date: _____ DSCYF Criminal History Unit _____